

ACCOMMODATION FORM

Unifor Family Education Centre

115 Shipley Avenue, Port Elgin, Ontario NOH 2C5

Toll Free: 1.800.265.3735 ext. 3221 • Fax: 519.389.3222 • Email: confcentre@unifor.org

Arrival Date:	Event/Conference Name:					
Guest Name:						
Address: City: Province/State: Postal Code/Zip: Country: Country: Home Phone: Cell Phone: Email: Email: Family Information - complete names only if they are attending: Spouse/Partner attending: Yes \ No \ Name: Phone: Spouse/Partner attending: Yes \ No \ Name: Spouse/Partner attending: Yes \ No \ Name: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Yes: \ Explain: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Yes: \ Explain: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Yes: \ Phone: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Yes: \ Phone: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Yes: \ Phone: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Yes: \ Phone: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Yes: \ Phone: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Phone: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Phone: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Phone: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Phone: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Phone: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Phone: Special Requirements (i.e. diet, accessible room, no stairs, medical No: \ Phone: Special Requirements (i.e. diet, accessible room, no stairs, medical Requirements (i.e.	Guest Mailing Address	Information				
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Province/State: Postal Code/Zip: Country: Home Phone: Cell Phone: Email: Email: Family Information - complete names only if they are attending: Spouse/Partner attending: Yes No Name: Name: Phone: Special Requirements (i.e. diet, accessible room, no stairs, medical No: Yes: Explain: Do you smoke? No: Yes: (If so, we will provide ground floor access to patio if available) Rooming Request (Partner): METHOD OF PAYMENT Full payment for room and meals will be made by the delegate: Delegate & spouse/partner \$395.00 + HST per night Delegate only single room \$320.00 + HST per night Shared room with another delegate \$245.00 + HSTper night Dersonal cheques Room and Meals Fee: \$ CVC Personal Visa/MC/AMEX: Expiry Date: / (mm/yy) If agree to be personally liable in the event that the indicated person, corporation or labour organization fails to pay for any part or the full amount of the invoice. The Centre assumes no responsibility for loss of money, jewels, or other valuables and is not responsible for articles left in rooms or automobiles.						
Emergency Contact:						
Emergency Contact:	Home Phone:	Cell Phone:	Email:			
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Guest Signature: Date:	for any part or the full amoun	t of the invoice. The Centre assumes no				
	Guest Signature:		Date			

CHECK-IN 3:00 p.m. • CHECK-OUT 11:00 a.m. • NO PETS ALLOWED

lgcope343 March 2014